state

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give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, Jugle OR OIVORCED (Write the word) Coloned I HEREBY CERTIFY. That I attended deceased from Exact 6 DATE OF BIRTH 25 1914 to Afer that I last saw hour alive on Coprach 6 , 1914 classified. (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at 12-30 cm. 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 Tuberculey is of the properly 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, pe business, or establishment in (Duration) vrs. 5 mas may which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) o Tracles that 10 NAME OF 80 30 (Address) Incluan French. 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. piain OF MOTHER EATH in plair e instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. mes. Where was disease contracted. KNOWLEDGE If not at place of death?. Former or usual residence Every Item CAUSE OF important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDER œ. REGISTRAR ż if more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting F. S. No. 1.

1 PLACE OF DEATH 2828

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County & harles

STATE OF MARYLAND CERTIFICATE OF DEATH

St:Ward)

Registered No. Ilt death occurred in

a hospital or Institution.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uniqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

which surgical operation was undertaken. For viocause of death approved by Committee on Nomencia. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from mus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples:



No. vi UNFADING INK-THIS IS

See instructions on back of certificate.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

important.

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RECORD

PERMANENT

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 153

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

-FOLL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE Single, MARRIED, Single Manual Black (Write the word)	16 DATE OF DEATH Auril (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that 1 last saw h alive on 191
AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work	Still Born
(b) General nature of Industry, business, or establishment in which employed (or employer)	
(State or country) Charles	(Secondary) (Duration)yrsmosds
10 NAME OF James Brown 11 BIRTHPLACE	(Signed) Charles HRoby L. R., M. B. april 23, 1914 (Address) Belaton
OF FATHER (State or country) of many low 12 Maiden Name of Mother 1 1. ++ 5 7	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) It Mary'z lo	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
(Informant) James Brown	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Belallon Wigh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Main 20 UNDERTAKER ADDRESS
Filed Afril 28 1914 Charles W. Poly GARAGISTRAR	James Brown Belatton

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The questlou tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cercbrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scosis, tetanus) may be stated under the head ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as etc., when a definite disease can be ascertained as the -Hiart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless valvular heart disease; Chronic interstitial nephritis "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL Schtichaedeath), 29 ds.: important. Never report Examples:



PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

should

AGE

supplied.

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Information

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ATH in plain instructions

mportant. CAUSE

PARI

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RECORD

PERMANENT stated EXACTLY. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

Ilt death occurred in a hospital or institution. give its NAME Instead ot street and number.]

Village or City Pornouley (No	St.; Ward) a l glv ot
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED GROUP (Write the word)	16 DATE OF DEATH (Month) (Do
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw h. A. alive on
7 AGE It LESS that 1 day,hrs ORmin. ?	and that death occurred of the date stated above, a
(a) Trade, profession, or particular kind of work	Supposed We Const
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs.
9 BIRTHPLACE (State or country) Shared Ex Truck	Contributory (Secondary)
OF FATHER GEORGE Bullar OF FATHER Z (State or country)	(Signed) 10 Cm P Canshall Gus /4 ,1914 (Address) Pornon *State the DISEASE CAUSING DEATH, or, in deaths

	7		
16 DATE OF DEATH	Coff (Month)	(Day)	, 1914 (Year)
17 I HER	EBY CERTIFY, That I a		
	, 191 to		, 191
that I last saw hX	allve on		, 191
and that death occurr	ed on the date stated a	bove, at	9 m
The CAUSE OF DEAT	H* was as follows:		
(ma Dog	· OTTim	ded	
	ed Witz		
The factor of the state of the	Contraction of the Contraction o	to Janton to	fuce
	***************************************	******************	****************
	(Duration)	2	. 5
***************************************	(Duration)	yrs m	10Sds
Contributory(Secondary)	•••••••••••••••••••••••••••••••••••••••		
	(Duration)	Are n	one de
and the second	Plans	06	1) 6
(Signed) 1777	+ 1 cars	auso	12 9-M- D
	(Address) Pour		
*State the DISEAS CAUSES, state (1) I TAL, SUICIDAL, or I	E CAUSING DEATH, or, II	deaths from (2) whether	N VIOLENT

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, in the State yrs, mos. ds yrs. mos. ds.

Where was disease contracted. It not at place of death?

Former or usuai residence

20 UNDERTAKER

CE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

REGISTRAR

12 MAIDEN NAME

OF MOTHER (State or country

14THE ABOVE IS TRUE TO

(Address)

OF MOTHER

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V & No. 1.

KNOWLEDGE

No. 3/2



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. the nature of the business or industy; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age tion is very important, so that the relative healthful first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tctanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrenal septichaeinus," "Old Age," "Shock," 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclalnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accl-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... "Contributory." "Collapse." "Coma," "Convuisions," "Debility" ("Con-The contributory (secondary or intercurrent, Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.: "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



PLAGE OF DEATH	STATE OF MARYLAND
County Charles. 3831	CERTIFICATE OF DEATH
Journal	Registered No. 166
Village or City Indian Fled (No. 2 FULL NAME John Carroll	St; Ward) [If death occurred a hospital or instituting ive lts NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Wite the word) 4 COLOR OR RACE S SINGLE, MARRIED, Murriel Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY. That I attended decreased from
6 DATE OF BIRTH Can 22 , 1886 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from the 16 to 1914, to Cypil 2 191/ that I last saw him alive on Capail 2 191/
7 AGE It LESS than 1 day, brs. 2 mos, 30 ds. OR min. ?	and that death occurred on the date stated above, at 9 G, n The CAUSE OF DEATH* was as follows: Labor Premium will
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Years Sailance (Secondary)
(State or country) Mary land 10 NAME OF FATHER Samuel Courall	(Signed) J. W. Dwielsel. , M. 1
11 BIRTHPLACE OF FATHER E (State or country) Lunknown 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
a of Mother finals on when	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place
13 BIRTHPLACE OF MOTHER (State or country)	ot death yrs mos ds. State yrs mos d
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, It not at place of death? Former or usual residence
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing neath, state occupation at beginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipality (Carcinoscipality); Carcinoscipality (Carcinoscipali

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), nant neoplasms); Measles; Whooping cough; Chronic "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mallg. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 "Dropsy," "Exhaustion," (name origin; "Can-Examples For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1914
BUREAU. V.S.

UNFADING

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PLAINLY,

WRITE

Every Item CAUSE OF Important.

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

RECORD

PERMANENT stated EXACTLY.

No.

1 PLACE OF DEATH

3832

STATE OF MARYLAND CERTIFICATE OF DEATH

	 _			-	
					17
-					10

Co	ounty	Registration Dist. No.
V	"Illage or City faceout freed (No. No. No. No. No. No. No. No. No. No.	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Ex 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, Write the word)	18 DATE OF DEATH Office 5, 191 A (Month) (Day) (Year) 17 (Month) (Day) (Year)
8 D	(Month) (Day) (Year)	that I last saw her alive on Sheel 8 4, 191
7 AC		and that death occurred on the date stated above, at
(a) par (b)	CCUPATION) Trade, profession, er ricular kind ef work General nature of industry, iness, or establishment in	Tylurae Cebilitz
Whi	ch employed (or employer)	(Duration) yrs mos d
S BI	IRTHPLACE tate or country)	(Secondary)
S	10 NAME OF John Fairale	(Signed) (Address) (Signed) (Address)
ENT	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF In deaths from Vicernia
PARI	12 MAIDEN NAME OF MOTHER RESIDENCE	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
2.34	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mcs ds.
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?

18 LENGTH OF RESIDENCE (FOR)	HOSPITALS, IN	STITUTIONS	, TRANSIENT	18
At place	In the			
of death yrs mos ds. Where was disease contracted	State	yrs,	mcs	ds

IS U	ai I	resio	ence		*****	 **********
_	-		_	_	_	
9 .						

1. Monjo Church My galm	DATE OF BURIAL
LEO. JOSHA	ADDRESS

(Address)....

REGISTRAR

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers statement. Never return "Laborer," Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Selesman, Women at home, who are engaged in the For persons "Foreman," The (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursperal septichar-"Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver second of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mailig oma. Surcoma. etc., of ture of the American Mcdlcal Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Examples:



certifical

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instructions

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PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE, Cisan 16 DATE OF DEATH MARRIED. WIDOWED. (Write the word) DATE OF BIRTH (Month) (Day (fear) 7 AGE It LESS than 1 day hrs. OR min. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or amployer) BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place ot death yrs. mos. ds. Where was disease contracted. BEST OF MY KNOWLEDGE If not at place of death? ... Former or usual residence 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Basto., Requesting V. S. No. 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St: Ward)

Ilt death occurred in a hospital or institution. give its NAME Instead of street and number. 1

(Month) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from 20. 191.45 to and that death occurred on the date stated above, at The CAUSE OF DEATH & was as follows: (Duration) Contributory (Address).... *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

State yrs. mos.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second (a) Spinner; (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid ineumonia"); Lobar pheumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal peritonitis," etc. State cause for thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; Never report For vio-



tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

properly classified.

of information should be carefully supplied.

DEATH in plain terms, so that it may be it See instructions on back of certificate.

CAUSE OF Important. S

N.B.

AGE

RECORD

PERMANENT stated EXACTLY.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

V. S. No. 1.

1 PLACE OF DEATH

3834



STATE OF MARYLAND CERTIFICATE OF DEATH

	III Cy and the desired free for the control of the	Registration Dist. No.
Viii	age or City Payside (No., 2FULL NAME Brary & Fish	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE Single, MARRIED, WIDOWED, in Lowell OR DIVORCE (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DA	7 — /2 , 1889 (Month) (Day (Year)	4-15 -, 1914, to 4-23-, 1914, that I last saw h. 22 allve on 4-22-, 1914
	29 yrs 9 mos 0 ds 0 nm.?	and that death occurred on the date stated above, at
(a) par (b) busi	CCUPATION Trade, profession, or framework from the fill of the fil	(Duration) yrs mos // ds.
9 81	RTHPLACE (State or country) Charles Quel	Contributory Secondary (Duration)yrsmosds.
ARENTS	11 BIRTHPLACE: OF FATHER (State or country) Chan. Co, Indy 12 MAIDEN NAME)	(Signed) 4-25, 1914 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Chine. Cv. Indi,	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted.
	intormant). Limphry Vincent	If not at place of death? Former or usual residence.
16 File	QUEL REGISTRAR	DATE OF BURIAL OR REMOVAL DATE OF BURIAL POUNDERTAKER OUNDERTAKER ADDRESS Translin St., Balto., Requesting V. S. No. I. The property of



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tiou is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dnties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonla"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite): Tuberenlessis of lungs, meninges, peritonaeum, etc., Carcinlessis of lungs, meninges, peritonaeum, etc.,

nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (uame origin; "Caumia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. valvular heart disease; Chronie interstitial nephritis, ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con Bronchopncumonia (secondary), 10 ds. is less defiuite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify ail diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Never report For vio-



S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

A PERMANENT stated EXACTLY.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very properly classified. carefully supplied. Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate.

AGE should

15

1 PLACE OF DEATH





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	m		119	
Kegistration	Dist	No	10	

itegisti ation	Dist.	110,4
		[It death occurre

d in

ADDRESS

FULL NAME Still Bor	a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVERCED ORDIVERCED (Write the word)	16 DATE OF DEATH Opril 30,191.
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE it LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (State or country)	(Buration) yrs. mos. ds. Contributory Secondary
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
of MOTHER Clara Gulriek 13 BIRTHPLACE OF MOTHER (State or country) bhas Co md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) brains braig)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Vereusede md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Remesting V. S. No. 1.

20 UNDERTAKER



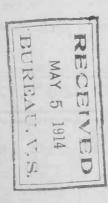


[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None, cated this: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Norvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various parsuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," The (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pnenmonia," ungnalified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." sepsis, totanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which snrgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac etc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated upless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. The DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of WRITE

PLACE OF DEATH 3836



Registration Dist. No. 103

Village or City Weenseles (No	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WITH the Write the W	16 DATE OF DEATH (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from 1914,
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 t LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 3/3/0 m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, er particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Description) — yrs. 3 mos. — ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE LETRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, It not at place of death? Former or usual residence.
(Address) Polyport Tool Filed April 2, 191 4 L. S. Hrrby REGISTRAR	19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL 20 INDERTAKEN ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the displace causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as "PUERPERAL septicharsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of haad-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU.V.S,

S. No. 1.

N.B.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. Every item of information should be carefully supplied. AGE should be signated of DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

	1.	Registration Dist. No. 112
VAL	2 FULL NAME Landonia	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	
-		MEDICAL CERTIFICATE OF DEATH
3 SE	male White (Write the word)	16 DATE OF DEATH AND 19 (Year) (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	apr. 10 _ 1914 to
	(Month) (Day (Year)	that I last saw he alive on Am 10 ,1914
7 AG		and that death occurred on the date stated above, at 3 m,
	69 yrs mos ds OR min.?	The CAUSE OF DEATH * was as follows:
(a) part (b) busin	CCUPATION Trade, profession, or following from the first first first fir	Eune hun from Wishington Sweet Missattes (Buration) yrs mos os.
9 BIE	State or country)	Secondary
TS	10 NAME OF RATELOGOS 11 BIRTHPLACE	(Signed) Dorallon) yrs mos ds. (Signed) Description M. B. (Address) Graylon M. B.
ARENTS	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Md,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(1	nformant) King Seal	Former or usual residence.
	(Address)	19-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed	Opril 20191 4 Williams Thompson	William & Thompson done sty
6	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or ludustry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Honsemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iudefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness." theuia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Canetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy." "Exhaustion," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "hanition," "Maras Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1914
BURBAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. G 3 5 7 A a o (a pa (b) bus whi PARENTS 147 15 Fil

PLACE OF DEATH 3838	STATE OF MARYLAND		
ounty Chole	CERTIFICATE OF DEATH		
iliage or City Factant Luca No	Registration Dist. No		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) ATE OF BIRTH	16 DATE OF DEATH Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Access 3/ 1914 to Afte 7th 1914		
(Month) (Day) (Year)	that I last saw h sallye on africe 7th, 1914		
If LESS than t day,	and that death occurred on the date stated above, at 10,39 m, The CAUSE OF DEATH* was as follows:		
General nature of industry, ness, or establishment in ch employed (or employer) RTHPLACE tate or country) Med	(Ourafien) yrs. 7 ds. Contributory (Secondary)		
10 NAME OF Benfamin Hade 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Si		
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs, mds ds.		
Informant) Tiller Frag	Where was disease contracted, If not at place of death? Former or usual residence		
(Address) Second Green Had	H. Many's Check Byantow Offe 9 , 1914		
ed	20 UNOZRTAKER ADDRESS Lev. S. Viroller Bry dellenn		
If more blanks are needed, address State Registra	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		



[Approved by U. S. Census and American Public Health
Association.]

ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (dever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is idefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the ipus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AB probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal scptichar-"Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of .. ture of the American Medical Association.) is less definite; avoid use of "Tumer" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For vio-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 6 harles Registration Dist. No... It death occurred in St.: Ward) a hospital or institution, give its NAME instead et street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIEO. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH not - Know (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 2.00 m. 1 day, hrs. The CAUSE OF DEATH* was as follows: OR min. ? 6 OCCUPATION (a) Trade, protession, er particular kind of work... (b) Genaral nature of Industry, business, or establishment in which employed (or employer) -----BIRTHPLACE (Secondary) (State or country) (Duration)yrs.....mos..... 10 NAME OF FATHER Mejauclina 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE

OF MOTHER (State or country)

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place ot death State yrs. ____ mos. ... Where was disease contracted.

If not at place of death?-Former or

usual residence

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative leaithful-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman,"

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childbirth or miscarriage, as "Purperal sepiicharetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion." "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis uant ncoplasms); Meastes; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Can Examples:



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properly classified. Exact statement

PHYSICIANS should state of OCCUPATION is very RECORD PERMANENT stated EXACTLY. 4 AGE should be PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate. WRITE

1 PLACE OF DEATH Revusedo



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;	W	ard)
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[If death occurred in a hospital or Institution,

L NAME	2	utric	Ver.
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	FULL NAME	Dutrick	of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 S 6 D	ATE OF BIRTH ATE OF BIRTH (Month) (Day (Day (Day (Day (Year)	(Month) 17 I HEREBY CERTIFY, That I that I last saw h alive on and that death occurred on the date stated The GAUSE OF DEATH* was as follows:	, 191
(a pa (b) bus whi	CCUPATION Trade, profession, or ricular kind of work. General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Robert Subvictory 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER ROBERT SEARCH SUBVICTORY	(Signed) (Signed) (Signed) (Signed) (Address) (Address) (Causes, state (1) Means of Injury; and Tal, Suicidal, or Homicidal.	yrs mos ds. yrs ds. yrs ds. in deaths from Violent dd (2) whether Acciden.
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) Af place In the of death	yrs, ds
15 Fil	ed Allein Homps	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER	DATE OF BURIAL, 191



[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foremau," The

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1 PLACE OF DEATH

2FULL NAME

3 SEX

TAGE

8 DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

(Informant)

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

OF FATHER (State or country)

PERSONAL AND STATISTICAL PARTICULARS

(Month)

which employed (or employer) -----

4 COLOR OR RACE

5 SINGLE,

MARRIED, WIDOWED, ORDIVORCED (Write the word)

(Day

	E OF MARYLAND CATE OF DEATH
Regis	stration Dist, No. 100
taw bus	Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CE	RTIFICATE OF DEATH
18 DATE OF DEATH	(Month) (Day (Year)
17 J HEREBY CE	RTIFY, That I attended deceased from
snd that death occurred on the	
The CAUSE OF DEATH* Was	s as follows:
Contributory In afre Secondary Delivered,	(Duration) yrs mos ds. Aty to keliver or ke (Duration) yrs mos ds.
(Signed) (Address / 191/14 (Ad	Faller, N.D.
State the DISEASE CAUSI CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICIDA	ing Death, or, in deaths from Violent of Injury; and (2) whether Acciden-
18 LENGTH OF RESIDENCE (or RECENT RESIDENTS) At place ot death yrs, mos, Where was disease contracted, If not at place ot death?	FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, In the ds. State yrs, mos, ds
Former or usual residence	
Int defreces	MOVAL DATE OF BURIAL, 1914
20 UNDERTAKER	1. Aggress D'A

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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S. No.

See instructions on back of certificate.

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Filed



[Approved by U. S. Census and American Public Health Association.]

· Housewife, Housework, or At Home, and children, not cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sareoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "I'UERPERAL septiehaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



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PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. classifled. pinous properly AGE UNFADING INK carefully supplied. o WITH be back should plain See Instructions Information = of Inform WRITE CAUSE OF Important. S

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PARENTS

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER

OF MOTHER (State or country

1 PLACE OF DEATH

County



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

MEDICAL CERTIFICATE OF DEATH

[It death occurred in a hospital or Institution. give its NAME Instead of street and number.]

..... 1917

ADDRESS

/iliage or City Domonty (No., 2000)				
PERSONAL AND STATISTICAL PARTICULARS				
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR OLOVORCEO (Write the word)	16 DATE OF DI			
(Month) (Day) (Year) (AGE abought 60 fram It LESS than t day, hrs (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year)	wild that death			
a) Trade, protession, or a) Trade, protession, or articular kind of work b) General nature of industry, usiness, or establishment in which employed (or employer)	To other			
State or country) frot Known	Gontributor (Secondary)			
10 NAME OF FATHER	(Signed)			

*******	GG.	19		, 1914
		(Month)	(Day)	(Year)
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f not at place of dea			***************************************	
Former or				
sual residence	********			
19 PLACE OF BL	IRIAL OR RE	MOVAL	DATEOF	BURIAL

14 THE ABOVE IS

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REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Housewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Tuerperal scottichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Frart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convultions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



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STATE OF MARYLAND CERTIFICATE OF DEATH

Registered	No.	10	Ce
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Ward)	[if death occurred io a hospital or institution, give its NAME instead of street and number.]

MEDICAL	CERTIFICATE	OF DEATH
16 DATE OF DEATH	Ann (Month)	el 9 ,191/4 (Day) (Year)
17 I HEREBY	CERTIFY, That	I attended deceased from
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hat I last aaw h al	ive on	
		d above, at a faul 6 a, m,
he CAUSE OF DEATH *	6 %	
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Signed) BIHOW	new by &	, M. D.
		com Head
*State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	USING DEATH, OR, S OF INJURY; an	, in deaths from Violent ad (2) whether Acciden-
BLENGTH OF RESIDENC	E FOR HOSPITALE	I. INSTITUTIONS, TRANSIENTA,
OR RECENT RESIDENTS)	In the	
f death yrs mos.		yrs, mos, ds.
Where was disease contracted,		
f not at place of death?	*	
usual residence	***************************************	
9 PLACE OF BURIAL OR	REMOVAL	DATE OF BURIAL
Broad Touch	P. 6.60.	Wesil 10,191 L,
20 UNDERTAKER		ADDRESS
6. D. Cayse	-	Prical Enc
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[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the nisease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as scation, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulmine, etc. material worked on may form part of the second the nature of the business or industry, and therefore an Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. Examples: injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acet LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sareoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (disease causing (name origin; "Candeath), 29



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WRITE PLAINLY, WITH

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

3844



STATE OF MARYLAND CERTIFICATE OF DEATH

Co	unty Comment	Registration Dist, No. 104
Vii	iage or City Cooker (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Married, Single, Married, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 4 30 ,1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 D	(Month) (Day (Year)	4 3 0 , 1914, to 4 3 5 -, 1914, that I last saw harmone alive on 4 - 5 1 - , 1914
TA	()	and that death occurred on the date stated above, at 10504, m, The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION) Trede, profession, or rticuler kind of work General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) from mos. 0s.
-	RTHPLACE (State or country) Charles G. Ind.	Contributory Secondary (Duration) yrs mos ds,
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Charles Co Ind.	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
Д.	13 BIRTHPLACE OF MOTHER (State or country) Charles Co ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds
	(Informant) Am B Hank	Where wes disease contracted, If not at place of death? Former or usual residence.
15 FII		Place of Burial or Removal Date of Burial Solution 20 UNDERTAKER ADDRESS
	. REGISTRAR	Thort Nhade March

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every persou, irrespective of age. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS should state of OCCUPATION is very Exact statement EXACTLY. stated AGE should be si properly classified. carefully supplied.
to that it may be p 90 pe DEATH in plain terms, See instructions on back Every item of information should CAUSE OF DEATH in plain terms important. See instructions on baci m

SEX

TAGE

PARENT

6 DATE OF BIRTH

BOCCUPATION (a) Trade, protession, er particular kind et work

(b) General nature of Industry, business, or establishment lo which employed (or employer) BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

3845 PLACE OF DEATH 40 County.

4 COLOR OR RACE

PERSONAL AND STATISTICAL PARTICULARS

(Month)

S SINGLE,

MARRIEO, WIDOWEO, (Write the word)

(Day)

(Year)

If LESS than

1 day,....hrs.

OR 7

2 FULL NAME



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

7		Ward)	[It death occurred in a hospital or Institution, give its NAME instead of street and oumber.]
VZOSSILLO		***************************************	
MEDICAL	. CERTIF	ICATE OF	DEATH
16 DATE OF DEATH	9	(Month)	(Day) (Year)
17 I HEREB	Y CERTI	FY, That I a	tended deceased from
that I last saw h 522 al		~//	191 4
and that death occurred	on the da	ite stated at	ove. at 10 30 6-m.
The CAUSE OF DEATH*			
	-		
EX I	-	- hn	0 40 - 1 - 1-7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Contributory JA	ulm	ussellery	yrs
(Signed)	Address)	100	ed , N. D.
	NS OF IN	EATH, or, In JURY; and (deaths from VIOLENT 2) whether ACCIDEN-
18 LENGTH OF RESIDENT OR RECENT RESIDENTS) At place ot death yrs mos. Where was disease contracted, it not at place of death? Former or usual residence.	ds.	In the State	
It Thanan	le REMOV		wel 23, 1914

ADDRESS

OF MOTHER (State or country) 14 THE ABOVE IS TRUE

(Address)

15 Filed april REGISTRAT

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER



[Approved by U. 8, Census and American Public Health Association.]

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD

stated EXACTLY.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

carefully supplied. ACE should be sinted: that it may be properly classified.

of information should be c. DEATH in plain terms, so See instructions on back of

CAUSE OF I

N.B.

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1 PLACE OF DEATH

3846



STATE OF MARYLAND

ADDRESS

County Chas:	CERTIFICATE OF DEATH
Village or City Pononkey (No. ,	St.; Ward) St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale colored Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Month) (Day (Year)	Last spring, 1913, to Feb. 1, 1914, that I last saw her alive on Feb. 1, 1914
TAGE If LESS that 1 day,hr ORhr	The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
(Informant) Vm J. Thomas (Address) Lata, md	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



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	RECORD	PHYSICIANS of OCCUPATI
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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	PLAINLY,	Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.
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V. B. No. 1.

3847		STATE OF MARYLA CERTIFICATE OF D
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118-1-12		CA. Wand)

PLACE OF DEATH 3847	STATE OF MARYLAND
County Cherle	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Bryculow (No	St.; Ward) [if death occurred is a hospital or lostitution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pasex 4 COLOR OR RACE MARRIED, MODILIA WIDDWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH Apr 70, 1914 (Month) (Day) (Year)
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on africe 9, 1914.
TAGE JYS	and that death occurred on the date stated above, at 7 Gm, The CAUSE OF DEATH* was as follows:
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) — yrs. — mos. / ds. Contributory (Secondary) (Duration) 7 yrs. — mos. — ds.
10 NAME OF FATHER John Thomas 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) 76. 6 A policy , M. D. April 20; 1914 (Address) Language of Language Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds. Where was disease contracted, If not at place of death?
Informant) Joseph Somoon (Address) Donyantonn 16 Filed	Former or Busial residence. 19 PLACE OF BURIAL OR REMOVAL String Ruch Argantonn April, 191 20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Poulatre	T. G.E. Franklin St. Relto Pequesting V. S. No. 1



CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health
Association.]

Physician, Compositor, Architect, Locomotive engineer, of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionacum, etc.. Carcin-

cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci--Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples: For vio-



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state Very PHYSICIANS should a RECORD PERMANENT EXACTLY. Exact classified. 4 UNFADING INK-THIS properiy supplied. WITH terms, should in plain information DEATH CAUSE OF mportant. ø

certificate. 0 on back See instructions

3 SEX

7 AGE

PARENTS

16

14 THE ABOVE (Informant).

BOCCUPATION (a) Trade, profession, or

particular kind of work

10 NAME OF FATHER

(b) General nature of industry, business, or establishment in

3848 1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

(Month)

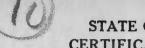
4 COLOR OR RACE

which employed (or employer)

S SINGLE, MARRIED,

WIDOWED, ORDIVORCED (Write the word)

(Day



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

Haid st.	Ward)	[if death o a hospital or give its NAM of street and	Institution, E Instead
MEDICAL CERTIFI	CATE OF D	EATH	
16 DATE OF DEATH Opin	e21	Day	, 191.4. (Year)
17 I HEREBY CERTIF	Y. That I att	ended decea	ased from
Maroh 1914, to	apr	,	191.54
that I last saw h allve on	april		191 4
and that death occurred on the da	to stated abo		
The CAUSE OF DEATH* was as f		/¥6, at	В ПЗ
marasanus, n			mp.
Dick Surgel (Our	ration) 2	rsmos	ds
Contributory Secondary (Signed)	ration)	yrsmos	ds
apr., 191 4 (Address)	Gra	ytoris	mid
*State the DISEASE CAUSING D CAUSES, state (1) MEANS OF IN TAL, SUICIDAL, OF HOMICIDAL.	EATH, or, in JURY; and (deaths from 2) whether	VIOLEN2 ACCIDEN
18 LENGTH OF RESIDENCE (FOR HOR RECENT RESIDENTS) At place of death	In the State	Yrs mos	
OM Asme Chur	ch 6	ATE OF BUR	31914

ADDRESS.

9 BIRTHPLACE (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If LESS than

1 day hrs.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causing death—it respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatie), "Atrophy," eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viochildbirth or miscarrlage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; SUICIDAL, or HOMICIDAL, or as probably (Recommendations on statement of State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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3849 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

Village or City # Elecond (No, _	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That J attended deceased from
e date of Birth (Month) (Day (Year)	that I last saw h ex alive on Ofer 22 191
7 AGE 1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 8 a m The CAUSE OF DEATH* was as follows: Purskyal Seltrema
(a) Trade, profession, or particular kind of work. (b) General gature of industry, business, or establishmenf in which employed (or employer)	(Duration) yrs mos / ds.
(State or country) Charles Co. Mal.	Secondary (Ouration) yrs mos ds. (Signed) Pickfull , M.D. Apr & 4, 191 4 (Address) Risgal Md.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether AccidenTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs, mos. ds
(Interment) The Best of MY KNOWLEDGE (Interment) For adams, (Address) Ail Topk, Md, 63/	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Shr241814 BC Bannes	20 UNDERTAKER APPRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. Women at home, who are engaged in the Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. . State cause for childbirth or miscarriage as "Puerperal scptichaethenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclamus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as-probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. Always qualify all diseases resulting from (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 5 1914

BUREAU. V.S.

No. 1. 'n

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PHYSICIANS should state of OCCUPATION Is very RECORD of information should be carefully supplied. AGE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH Every Item of Information should b CAUSE OF DEATH in plain terms, important. See instructions on back

PLASE OF DEATH 3850



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No/012

/ /1 /	Registration Dist, No.
Village of City Felerma (No	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Males Color or race 5 single, Married, Widowed, Drait/Oraced (Write the word)	16 DATE OF DEATH My (Month) (Day) (Year)
DATE OF BIRTH April (H, 1914 (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
Pairthplace (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) Maryland 12 Maiden Name OF Mother OF Mother 12 Maiden Name OF Mother	(Signed) (Buration) yrs
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE/TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Simuel tassen	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File upr 14 1914 Al Dances Tran	20 UNDERTHER Wary lawry Stellerme

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1



[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puerperal septichae ture of the American Medical Association.) cause of death approved by Committee on Nomencia. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 5 1914

BURBAU, V.S.

PHYSICIANS should state Exact statement of OCCUPATION is very PERMANENT should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. -Every Item of Information should be CAUSE OF DEATH in plain terms, s WRITE PLAINLY.

N.B

PLACE OF DEATH County Charles



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Vi	liage or City Whit Plains (No,	St.;——Ward) [If death occurred a hospital or institute give its NAME institute.	ion, lead
	*FULL NAME genne Paule	e Willif of street and number	[4]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 5	email 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	DATE OF DEATH OF Month) (Day (Year	-/-
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased f	rom
	Yune , 1 X 49 (Month) (Day (Year)	that I last saw h se alive on Cofrice 2 ,191	4
TA	II Bass than	and that death occurred on the date stated above, at	Cm,
	4 5 yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:	
(1	CCUPATION) Trade, profession, or irticular kind of work manager of fearm	swar of appopulation	
(b	General nature of Industry, 6 U	(Duration) yrs mos 5	ds.
_	IRTHPLACE (State or country) Charles Cs. Myd	Contributory	
TS	11 BIRTHPLACE OF FATHER OF FATHER	(Signed) Goa & Edifordia Straight Company 2, 1914 (Address) San Black mark	M. D.
PARENT	(State or country) Charles Co. Myd	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether Accirate, Suicidal, or Homicidal.	
	13 BIRTHPLACE OF MOTHER (State or country) Charles Co. Myl.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos	,
	(Informant) Clarence a Myrone	It not at place of death?	lovenage
	(Address) White Plains mod.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	=
16 Fi	ed Ike 3, 1914 1. Vamptine Cox	20 UN DERTAKER Laste Tables	4

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



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THE STATE OF THE S	EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIO	
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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occorred inWard) a hospital or Institution, give its NAME lostead of street and nomber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended decessed from 17 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS thao t day,hrs. OR min. ? BOCCUPATION (a) Frade, profession, or (b) General nature of industry, business, or establishment in which employed (or employer) or the Contributor 9 BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLÁCE (Address OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. State Where was disease contracted, 14 THE ABOVE IS THUE TO THE BEST OF if not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER AODRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or Industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Farmer or Planter,

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